

BEST AVAILABLE COPY

25 JAN 2006

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/551059

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/												
2		/		/		/		51					
3		/		/		/		52					
4		/		/		/		53					
5		/		/		/		54					
6		/		/		/		55					
7		/		/		/		56					
8		/		/		/		57					
9		/		/		/		58					
10		/		/		/		59					
11		/		/		/		60					
12		/		/		/		61					
13		/		/		/		62					
14		/		/		/		63					
15		/		/		/		64					
16		/		/		/		65					
17		/		/		/		66					
18		/		/		/		67					
19		/		/		/		68					
20		/		/		/		69					
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47		/		/		/		96					
48		/		/		/		97					
49		/		/		/		98					
50		/		/		/		99					
		/		/		/		100					
TOTAL IND.	1	↓	1	↓	3	↓		TOTAL IND.	↓	↓	↓	↓	↓
TOTAL DEP.	15	←	0	←	25	←		TOTAL DEP.	←	←	←	←	←
TOTAL CLAIMS	16	█	1	█	28	█		TOTAL CLAIMS	█	█	█	█	█